DOCUMENT RESUME

ED 214 055 CG 015 790

AUTHOR Oliver, Lucinda
TITLE The White House Conference on Aging: Recommendations of Its Technical Committees and the Possible Congressional Response.
PUB DATE Jul 81
NOTE 17p.; Paper presented at the Summer Conference on Communication and Gerontology, (Edwardsville, IL, July 22-24, 1981).

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Aging (Individuals); *Delivery Systems; *Employment; *Family Relationship; Finance Reform; Human Resources; *Medical Services; *Older Adults; *Physical Health; Program Descriptions; Social Change; State of the Art Reviews; Volunteers
IDENTIFIERS *White House Conference on Aging

ABSTRACT

This paper reports the suggestions made by the technical committees on aging which were established to help delegates of the third White House Conference on Aging. The first section notes the recommendations of the employment committee and is followed by recommendations from the committee considering social and health aspects of long-term care and the current status of the health maintenance report from the health maintenance and health promotion committee. The fourth section lists the recommendations of the committee studying implications for the family in creating an age-integrated society. The last section considers specific issues raised by the committee examining implications for governmental structures. (RC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED214055

THE WHITE HOUSE CONFERENCE ON AGING: Recommendations of Its Technical Committees and the Possible Congressional Response

Lucinda Oliver
Washington, D.C.

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☒ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Lucinda Oliver

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

CG 015790

Paper presented at the Summer Conference on Communication and Gerontology, Edwardsville, IL, July 22-24, 1981.

THE WHITE HOUSE CONFERENCE ON AGING:

Recommendations of Its Technical Committees

and the Possible Congressional Response

Remarks by Lucinda Oliver

Legislative Assistant to Senator Charles H. Percy

Southern Illinois University at Edwardsville

July 23, 1981

The third official White House Conference on Aging will convene in Washington from November 29 to December 3.

More than the two previous conferences, the 1981 meeting has the potential to play a very critical role in the formation of a national aging policy. This is true for two reasons. First, this conference must help our nation deal effectively with the consequences of a dramatic demographic revolution taking place in America.

You know the facts better than I.

Older Americans have become the fastest growing segment of our population. Because of lower death rates and longer life spans, the number of people age 60 and over increased four times as fast as the number under 60 since the year 1900.

At the turn of the century, there were only 4.9 million Americans age 60 and over, and the average life expectancy at birth was 47. Today, there are 34 million older Americans, and the average life expectancy is 73.

The trend toward a "graying" America will continue in the future. In 1981, one out of every seven persons is 60 or over. But when today's pre-schoolers turn 60, one out of every four persons will be that age or older.

Second, the new mandate in Washington to restrain federal growth and to recognize that the federal government no longer has all the answers to this country's problems will present a great challenge to the 1981 conference as it seeks the answers to major questions.

1) How will the "graying" of America affect our social institutions? How will it affect our families, economy, educational system, and government programs?

2) How can we enhance the extra years of life bestowed upon us? And how can we tap the skills and experience of the growing elderly population so that it can truly serve as a contributing and productive force within our society?

So, the goal of this conference is to set forth recommendations to be shaped into a "comprehensive, coherent national policy on aging." This policy will be submitted to the President and Congress within six months after the national conference. It will have to be designed to guide our nation's efforts in the years ahead to deal effectively with the challenges and opportunities that the phenomenon of longer life presents to our society now and in the decade ahead. The Administration

expects to forward to Congress its legislative proposals based on these recommendations 90 days after it receives the Conference report.

To help the 2,000 voting delegates in their deliberations the conference set up a pre-conference schedule. This included 10,000 community forums to begin the discussion of aging issues at the grassroots level. There were 58 statewide conferences, 42 mini-conferences to air the problems in specific issue areas, and 16 technical committees.

The technical committees were charged with identifying major critical policy issues and developing policy recommendations for the delegates to consider. These committees consisted of interested and knowledgeable persons chosen by the conference leadership.

The technical committee reports are not the recommendations of the conference and will not be presented to the delegates as the only options for consideration. The quality of the technical reports varies and the technical committees differ in their approach to the issues. Some recommendations are based on thorough review of all relevant data while others are not substantiated. However, the technical committee reports can give some insight into the issues which will be debated at the conference and possible solutions to be considered.

There were 16 technical committees, all but one which filed a report. They included the following: Retirement Income,

Health Services, Health Maintenance and Health Promotion; Social and Health Aspects of Long Term Care; Family, Social Services and Other Support Systems; Physical and Social Environment and the Quality of Life; Older Americans as a Growing National Resource; Employment; Research in Aging and a series of Creating an Age-Integrated Society committees -- Implications for the Economy, Implications for the Educational Systems, Implications for Spiritual Well-Being, Implications for the Family, Implications for Societal Institutions, Implications for Governmental Structures and Implications for the Media. The last did not file a report.

I won't review the recommendations of all the technical committees. But I will review briefly the findings and recommendations of some of the committees to point out those which have the potential for becoming future legislation and to comment on those which I believe are unrealistic goals given the mood of the current Administration and the Congress.

EMPLOYMENT

The Employment Committee made some excellent and timely recommendations. This committee emphasized the need to focus on ways to extend worklife. Because of the deomgraphic changes we are experiencing, the recommendations of this technical committee are most important. The Committee stressed that a national policy should be developed to stimulate an extended worklife by:

-- Outlawing mandatory retirement and age-related occupational qualifications.

-- Eliminating tax policies which serve as barriers to employment.

-- Amending the National Labor Relations Act to include extended worklife as a goal of collective bargaining.

-- Expanding CETA and Title V programs which provide public service employment to older Americans.

-- Encouraging middle-aged and older workers to enter new careers. The committee suggested that a "second career sabbatical" could be financed through changes in unemployment insurance statutes and targeted to persons 45 and older; it could provide for up to a year of full-time education and retraining.

The trend of demographic change in this country, the expected rise in the ratio of retired to employed adults, and the increasing demands on both public and private retirement income resources in the long term mandate that Congress give the issue of employment for older Americans top priority.

Senator Percy views employment of older Americans, not only a right, but a much overlooked resource. He and Senator Charles Grassley of Iowa plan a full day of hearings on this issue in the Quad Cities area in October. The short-term financing crisis of the social security system will also serve to focus attention on the need for policies that encourage an "extended worklife," and I expect the White House Conference to recommend and the Congress to take some action in this regard.

The committe report concludes that if the market place does not provide the jobs needed, the government should be an "employer of the last resort." While the Congress has not eliminated community services employment for older Americans, clearly the direction is going the other way. I would not expect to see a continued role of the federal government in providing public service jobs, no matter how worthy the goal.

SOCIAL AND HEALTH ASPECTS OF LONG-TERM CARE

Most experts realize that some drastic changes must be made in our long-term care delivery system. Government policies focus far too much on institutionalization which is overly expensive and takes older people away from familiar surroundings. Nursing home expenditures during the 12 month period ending June 1980 were $19.3 billion. Non-institutional health and social services expenditures were only $1.3 billion.

Long-term care financing has focused primarily on care provided in medical institutions. As a result, the system has been driven in that direction by policies that foster institutionalization. Few options are available to older persons who need social or medical services that will assist them to remain in their homes or other residential settings.

Legislation is already pending before the Congress to address the problem of long-term care. One such bill is S. 234. Introduced by Senator Hatch, chairman of the Senate Labor and Human Resources Committee, S. 234 has a good chance for serious consideration. Because of the ever increasing costs of Medicaid

which is the chief supporter of nursing home costs and the mandate Congress has to control medicaid spending, other ways must be found to meet the long-term needs of older Americans.

S. 234 would encourage the establishment of home health programs, expand the coverage of home health services under Medicare and Medicaid, and increase coverage for community health services provided by hospitals.

Because this is a cost-effective approach to a critical problem, chances of Congressional action, particularly if endorsed by the White House Conference on Aging, appear relatively good.

HEALTH MAINTENANCE AND HEALTH PROMOTION

Another good report comes from the Heatlh Maintenance and Health Promotion Committee which states in its introduction, "Throughout its existence the Committee has regarded prevention of illness as the most cost-effective way to promote the health and happiness of older Americans."

The committee suggests: institutionalization should be avoided whenever possible; health maintenance and health promotion should concentrate on reallocating existing health expenditures and coordinating services, rather than on adding new programs. This is vitally important when the Congress is cutting back on existing health programs, consolidating many into block grants and turning back to the states the responsibility for these services. Add-on federal programs that cost billions of dollars are no longer acceptable solutions to the problems that face us.

Among the key findings of this report:

-- The bulk of America's health care expenditures go toward curing rather than caring. 80 percent of the elderly are mobile and self-sufficient and only 10 percent are functionally disabled, either mentally or physically.

-- Usually the onset of disease is the point of entry of an older person into the health care system. The incentive to receiving only acute care is that our society pays for that kind of care through its Medicare system. As a result, expenditures have mounted steadily.

-- Major health care support systems favor institutional care by providing the bulk of expenditures for hospitalization and physicians' fees associated with hospitalization.

-- At present, there is a maze of services with many duplications. Older persons are confused and dismayed about having to confront such a system, which is no system at all.

Based on these findings, the Committee made the following recommendations:

-- Creation of a nutrition education and outreach program for all persons over 60 years of age, supported by federal, state and local governments as well as by the private sector.

-- Coordination of activities between various federal agencies involved in nutrition education should be improved and should also involve outside deliverers of nutrition education services to stimulate further developments in the private sector.

-- Further research on the nutrient requirements of older persons in order to plan effective educational approaches.

-- A system of health assessment centers using already

existing resources to provide preventive health care for maintaining health and independence.

-- Creation of support groups for disease-monitoring, physical fitness, discussion to allevate stress and socialization problems and recovery from alcohol and drug abuse. Families have a key role to play in self-help and should be give: tax incentives to care for their elderly. Private organizations should provide a lead role.

-- Expansion of medicare and medicaid to cover the expense of outpatient prescription drugs, dental care, dentures, eye care, hearing aids and examinations and health assessment.

-- Elimination of the deductibles and coinsurance requirements under medicare.

'irst, let me say that Congress will not be in the business at any time in the near future of expanding coverage under medicaid or medicare without fundamental reforms which control and bring down the rates of growth in both programs. Congress will not enact legislation adding new items for coverage.

The Budget Reconciliation Act, now pending before Congress, takes steps to control the cost of medicaid and repeals some liberalizations of medicare enacted by Congress last year. Both of these proposals were made by the President and agreed to by Congress in modified form.

The Administration plans to propose medicaid and medicare reform legislation which will introduce competition into our health care system and bring down costs by allowing marketplace forces to work. The structure of our present system gives no incentive to hold down health care costs and has been a major contributor

to the health care inflation spiral.

Other recommendations made by this committee which call upon the private sector and the family to participate are the kinds of proposals that will receive attention. Tax incentives to care for elderly family members and more effective coordination of services at the local level are proposals that will be considered.

Implications for the Family

The technical committee which studied implications for the family in creating an age-integrated society is important because the new administration believes that much of the focus for assisting the elderly should be the family unit.

The committee criticized public policy for "over-individualization" and regulations which tended to treat the elderly as isolated individual cases rather than seeing them as part of a family which could provide or is providing certain supports. Other public policies, however, tend to discriminate against the elderly who live with families by not providing supports which could ease the strain involved in the care of dependent elderly.

Current research, the committee found, identifies the continued support of the family as "supremely important" in a fast changing and evermore complex industrialized society.

Recommendations of this committee include:

-- Focusing public policy on the family as a dynamic support unit enhancing the family's competence in dealing with crises of older members.

-- Modifying the requirements of providing support services to focus on the family as a service unit rather than on the individual as the only recipient of service eligibility.

Among specific legislative proposals the committee recommends are:

-- Eliminating the one-third reduction of Supplemental Security Income benefits when an old person shares a dwelling unit; ending the asset test for SSI and eliminating the offset for family contributions.

-- Providing comprehensive care in home for eligible elderly.

-- Tax credits for family care of disabled and ill elderly members or family allowances.

-- Expansion of the Foster Grandparents Program and developing other volunteer activities that will build bridges between generations.

Both for budgetary reasons and for the mutual benefit of older Americans and those who receive their volunteer services, greater emphasis must be placed on volunteer programs. In fact, this is one area that the Congress chose not to cut back in its consideration of the Reconciliation Act. These programs are productive and cost effective. For every dollar invested in these programs, the federal government reaps a much greater return.

I am not as optimistic about liberalizing SSI benefits. But the committee makes an excellent point about the conflict between family support and public policy. If the government offsets family assistance, why not let the government foot the entire bill?

Rather than change the benefit structure by eliminating these offsets, Congress is more likely to look at direct incentives to the family which the Committee also recommends.

Implications for Governmental Structures

This committee recognizes that the responsibility for assisting the elderly has gradually shifted from private social institutions so that today governmental agencies have assumed the primary role in many cases.

The committee cites as the most critical issue the question of a need for categorical federal and state governmental agencies for the elderly. It also points to the need to establish priorities in a time of increasingly scarce resources.

Among the specific issues raised which will be addressed by the White House Conference are:

1) The structural barriers to effective management which have resulted from the categorical approach to developing services. Service providers now cannot use federal funds for other very worthwhile purposes if they have met the categorical need with private funding or volunteer services.

2) The need to investigate extension of authority and resources of the area agencies on aging.

The Congress this year will reauthorize the Older Americans Act, but it will not address these issues. The House has asked for a simple, three-year extension of the Act as part of the Reconciliation Act. The Senate would like a separate three-year authorization with some changes.

The issue of the structure of the aging network, both at the federal and local levels, will not be addressed until 1984. This will guarantee that the White House Conference recommendations are forwarded to Congress with ample time for study for incorporation into the next reauthorization.

Because of the major changes in 1978 and their slow implementation, Congress felt more time was needed before the structure of the aging network should be reevaluated. But structure is key to the efficient delivery of services and Congress will scrutinize the problem of providing local flexibility on the one hand and the need to target scarce resources on the other. Changes in the network's structure can be expected in future years.

These are just some of the findings and recommendations of some of the technical committees. But they should give you an idea of what is possible and what is not.

The real recommendations of the White House Conference will come from the actual conference committees. Still in draft form, the committee structure calls for the following 14 committees, some of which resemble closely the technical committees: They are: Research, Public Sector Roles and Structures; Private Sector Roles and Structures; Older Women; Education; Conditions for Continuing Community Participation; Housing; Family and Community Support Systems; Older Americans as a Continuing Resource; Options for Long-term Care; Health Care and Services; Health Education; Promotion and Maintenance; Retirement Income; and Implications for the Economy of an Aging Population.

The responsibilities of the committees and the composition of their memberships will be crucial to the outcome of the conference. Although the Rules Committee has not made a final report, it is expected that most of the conference work will be done by the committees for approval of the delegates. Prior to the conference, delegates will be sent an array of briefing information, including the state conference reports, the mini-conference reports and the technical reports that relate to their committee jurisdictions. Delegates will be well-informed about the issues before they arrive in Washington. In addition, the Committees will have the benefit of expert testimony at the conference during their deliberations. The committee process is expected to take two and one-half days before reports containing the recommendations are ready for full conference approval.

It is impossible for anyone to predict the outcome of the White House Conference on Aging or to tell you what Congress will do in the next several years. But certain statements can be made.

There will be no new billion-dollar federal programs.

Congressional action will focus on reevaluation of existing programs and ways to improve them by increased coordinationg and elimination of overlapping administration and services.

More attention will be given to involving the private sector in meeting the needs of the less fortunate. Government will become the resource of last resort rather than the first.

Last, social policy will return to looking toward the family as a major means of support. There will be a great effort

in the 80s to forge a new partnership among the family, the private sector and the government.

The White House Conference can have a key role to play in the transformation of social policy in this country if it recognizes the need for a new direction and calls upon the untapped skills and creativity of older Americans we have tended to overlook in the past.